	Express Mail Label No. (if applicable)					
on	Application No.	10/570,299				
	Confirmation No.	7946				
	Filing Date	January 4, 2007				
	First Named Inventor	SIGO				
	Group Art Unit	3626				
	Examiner Name	Rapillo, Kristine K.				

251066

HEGN03079

Request for Continued Examination (RCE) Transmittal Address to:

Mail Stop RCE Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Attorney Docket No.

Client Reference No.

1.	1. Submission required under 37 CFR 1.114										
١.	а. Г										
	i.		Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on								
			(Any unentered amendment(s) referred to above will be entered.)								
		i. [Consider the arguments in the Appeal Brief or Reply Brief previously filed on								
			Other:								
	b. [Enclosed		_						
	i.	=	Amendm				iv.				- -
	ii	i. L	Affidavit((s)/Decla	aration(s)		v.			ces listed in For s and applications)	
	ii	іі. Г	☐ Informat	ion Disc	losure State	ment (IDS)	vi.	Other:	U.O. paterit	s and applications,	
2.		_	neous			,					
	a. [a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period									
	_		of months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)								
	b. [$\supset A$	Applicant claims small entity status. See 37 CFR 1.27								
	с. [Other:		•						
3.											
			RCE fee of \$810.00 (large entity) required under 37 CFR 1.17(e) \$810.00								
										\$490.00	
		iii. Ī									
		•	deducted					unt of extensi			
	i	iv. [riod noted ab		•	
								nder the prese			
								the appropria			
	١	v. [Suspens	ion of a	ction fee of \$	3130.00 (37	7 CFR 1.1	l7(i))			\$ 0.00
vi. Other:											
<u> </u>		vii. [Claim fe	e							
			CLAIMS		HIGHEST						
			REMAINING		NUMBER	EXTRA		Add'l		Add'l	
<u></u>			AFTER		PREVIOUSLY	CLAIMS	D. T.	CLAIM	D	CLAIM	
_	м FE	E	AMENDMENT	2.4	PAID FOR	PRESENT	RATE	FEE	RATE	FEE	
Тотл			16	Minus	20	= 0	x 26 =		x 52 =		
INDE	PEND		3	Minus	3	= 0	x 110 =		x 220 =		
FIRST PRESENTATION OF MULTIPLE CLAIM + 195 = + 390 =											
<u> </u>		-								oosit Account	\$1300.00
	b. [•		-	•	s in the ab	ove fees or to	
credit any overpayments to Deposit Account No. 12-1216.											

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED									
Name (Print/Type)	Christopher T. Griffith	Registration No. (Attorney/Agent)	33,392						
Signature	/Christopher T. Griffith/	Date	May 13, 2010						
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731		(312) 616-5600 (telephone) (312) 616-5700 (facsimile)						